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Applicants Docket Number:
USFI5026US CNT

Applicants:
BEGON, et al.

Serial No.
10/075,213

Filing Date:
February 13, 2002

Title of Invention:
Process for Producing Fine Medicinal Substances

CERTIFICATE OF TRANSMISSION
I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ____, at 703-872-9306, on
Date of Deposit February 5, 2004
Printed Name of Person Signing Certificate Bonnie Stein
Signature Bonnie Stein

Total Number of Pages Sent: 17

Attorney: **W. C. Coppola**

Group Art Unit: **1615**
Examiner: **Pulliam, Amy E**

TO: Mail Stop
Commissioner for Patents
P. O. Box 1450
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Please acknowledge receipt of the below-listed documents for the above Application by returning this sheet, signed and dated, by return telefax to (908) 231-2626. If any fees are required, please charge our deposit account (18-1982) in the name of **Aventis Pharmaceuticals Inc.**

- ☒ Amendment, 37 CFR 1.111
- ☐ Charge deposit account, in duplicate
- ☒ Extension of Time Petition – 2 month
- ☐ Issue Fee Transmittal & Advance Order
- ☐ Maintenance Fee Transmittal
- ☐ Fee Transmittal
- ☐ Petition under 37 CFR ____
- ☒ Other **Claim Transmittal Fee Sheet**
- ☐ Other ____

Receipt Confirmed:

Signed _____ Dated _____

Aventis Pharmaceuticals Inc., Route 202-206, P.O. Box 6800, Bridgewater, New Jersey 08807, U.S.A. www.aventis.com
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PAGE 1/17 * RCVD AT 2/5/2004 4:38:45 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/3 * DNIS:8729306 * CSID:9082312626 * DURATION (mm-ss):03-40

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of **Bigon, et al.**

Application No.: **10/075,213**

Filed: **February 13, 2002**

Title: **Process for Producing Fine Medicinal Substances**

Examiner: Pulliam, Amy E.

Art Unit: 1615

TELEFAX CERTIFICATE

I hereby certify that this correspondence is being transmitted via facsimile, 703-872-9306 to the Commissioner for Patents, Alexandria, VA 22313, on

February 5, 2004
Date of Transmission

Bonnie Stein
Signature

Mail Stop
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

(1)	(2) CLAIMS REMAINING AFTER AMENDMENT*	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR** / ***	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	22	MINUS	20	2	18.00	$36
INDEPENDENT CLAIMS	4	MINUS	3	1	86.00	$86
MULTI-DEPENDENT CLAIMS(S), Per Application (290.00)						$122
			TOTAL AMENDMENT FEE FOR THIS AMENDMENT →			$122.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" in Total Claims is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" in (Independent Claims is less than 3, write "3" in this space.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 which may be required by this paper or credit any overpayment to Account No. 18-1982.

Respectfully submitted,

William C. Coppola, Reg. No. 41,686

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